

EXHIBIT A, PART 2

Case 2:03-cv-00966-ID-CSC Document 12-3 Filed 11/23/2005 Page 2 of 4

Covington County Sheriff		INMATE PROPERTY LOG		Booking Number 200001843	
Printed: Wed Apr 02, 2003		AL EVERITT BOYETT (S416081511)		Booking Date APRIL 2nd, 2003	
Current		Change		Checks	
				Food Stamps	
				Total Received	
Quantity	Property Received		Quantity	Property Received	
	WALLET				
	WHITE SHORTS				
	BLACK TANK TOP				
	PR SANDALS BRO/BLK				
Notes					
I certify that the above is a correct listing of items removed from my possession at the time I was placed in jail.					
Inmate's Signature _____ Date: _____ Time: _____					
I Hereby certify the receipt of the above arrested individual and his/her property.					
Officers's Signature _____ Date: _____ Time: _____					
ITEMS RELEASED PRIOR TO PRISONER RELEASE					
Date	Quantity	Property Released	Officer / Notes		
I certify that I have received all the above listed property (minus any property previously released) as indicated on this receipt.					
Inmate's Signature _____ Date: _____ Time: _____					
Officers's Signature _____ Date: _____ Time: _____					

Covington County Sheriff			INMATE DATA				Booking Number 200002104	
Printed: Mon Oct 06, 2003							Booking Date MAY 7th, 2003	
Section D-BLOCK	Block	Cell	Bed	Social Security Number 416-08-1511	Alias		Est Release Date	
Address RT.1 BOX227 A REDLEVEL AL							Home Telephone (334) 222-5452	
Sex M	Date of Birth 1965-01-15	Age 38	Height 5' 07"	Weight 150	Race WHITE	Eyes BROWN	Hair BROWN	
Drivers License				Class	Vehicle Tag			Tag Year
Next of Kin TONY BOYETT - BROTHER LOANGO AL							NOK Telephone	
Charge(s) WRIT OF ARREST							Bond	
Jailer CJ008 JOSEY, AMOS				Photo Taken By CJ008 JOSEY, AMOS		Fingerprinted By		
Admission Type WARRANT						Phone Call Y	NCIC Check N	
Arrest Case Number BOX#132						DNA Sample By		
Agency Arrested For COV. COUNTY						Arresting Officer 02314 MOTLEY, TEDDIE		
Agency Hold For								
Release Date 2003-10-06			Release Time 05:45		Release Officer CJ011 MILLER, BROOKE			
Notes @ TIME OF INTAKE, WRITT OF ARREST WAS GIVEN ON WARRANT; CHARGE NOT KNOWN, MUST CHECK WITH COURT FOR FURTHER INFO. BOND UNKNOWN. SENT TO CONECUH ON 7-04-2003 PROPERTY BOX#128 RELEASED FOR ENTERPRISE REHAB								

**Profile for
AL EVERITT BOYETT
S416081511**

**AL EVERITT BOYETT
RT.1 BOX227 A
REDLEVEL AL
(334) 222-5452**

Social Security Number 416-08-1511		Date of Birth 1965-01-15		Age 38	Race WHITE	Sex M	Height 5' 07"
Weight 150	Hair BROWN	Eyes BROWN	Other Tatoos RIGHT ARM,LEFT ARM,BACK				
Drivers License		Class	Vehicle Tag			Tag Year	
Name of Employer 1			Address				
			Telephone				
Name of Employer 2			Address				
			Telephone				

NOTES

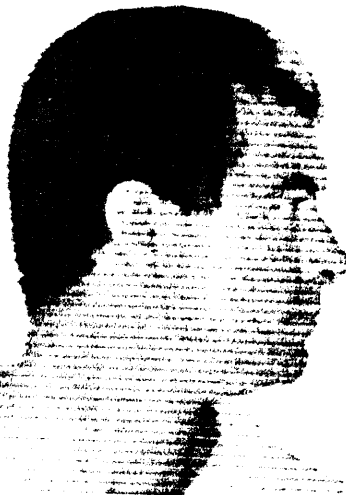
ON 05/07/2003 @1030 THIS SUBJECT WAS ARRESTED FOR A WRITT OF ARREST BY CCSO/ T. MOTLEY.



...S\ILES\PCX\MUG\S416081511_003.JPG



...S\ILES\PCX\MUG\S416081511_002.JI



...S\ILES\PCX\MUG\S416081511_001.JPG

AL EVERITT BOYETT
RT.1 BOX227 A
REDLEVEL, AL
(334) 222-5452

1965-01-15

416-08-1511

MALE

5 ft 07 in

150 lbs

WHITE

BROWN

BROWN

Tattoos

RIGHT ARM, LEFT ARM, BACK

Covington County
Sheriff
Anthony Clark



Sheriff's Department

290 Hillcrest Drive
Andalusia, Alabama 36420
Office (334) 428-2643
Fax (334) 428-2654

DATE & TIME: 8-15-03

Sunday
8 AM + 4 PM

THIS IS AUTHORIZATION FROM COVINGTON COUNTY SHERIFF'S OFFICE FOR Al Boyette TO LEAVE THE COVINGTON COUNTY JAIL ON A 8 HOUR PASS ON 8-17-03. FAILURE TO REPORT BACK OR COMPLY WITH ALL RULES AND REGULATIONS WILL BE CONSIDERED AS A VIOLATION AND WILL BE PROSECUTED TO THE FULLEST EXTENT. THIS INCLUDES ALL LAWS COVERED IN THE CODE OF ALABAMA.

FAILURE TO RETURN WILL BE CONSIDERED AS ESCAPE

I UNDERSTAND THAT NO DRUGS OR ALCOHOL WILL BE USED WHILE ON PASS FROM THE JAIL. AND FAILURE TO RETURN TO THE JAIL AT THE PROPER TIME WILL BE CONSIDERED, AS ESCAPE AND I WILL BE CHARGED.

I Vonnie McLean TAKE RESPONSIBILITY FOR THE ABOVE NAMED INMATE WHILE ON PASS FROM THE COVINGTON COUNTY JAIL. I FURTHER TAKE RESPONSIBILITY FOR THE INMATE BEING BACK AT THE JAIL AT THE ASSIGNED TIME.

Al Boyette
INMATE SIGNATURE

Vonnie McLean
RESPONSIBLE PERSON

PASS APPROVED BY [Signature]

CURRENT PHONE NUMBER 334 222 5452 CAR MAKE Ford Tempo

CURRENT ADDRESS Rt 5 City TAG NUMBER 71 W9-1

CURRENT DRIVER LICENSE NUMBER 22 91 207

STATE OF ALABAMA, * IN THE CIRCUIT COURT OF
PLAINTIFF, * COVINGTON COUNTY, ALABAMA
VS. * CASE NO. FCC-2003-153
AL EVERITT BOYETT, JR., * SEP 03 2003
DEFENDANT. *

ORDER

Defendant's application for probation came on for hearing this 3rd day of September, 2003. After considering the report of the probation officer and conducting a hearing, it is Ordered as follows:

(1) Defendant was previously sentenced to serve ten (10) years imprisonment in the Penitentiary of Alabama. Said sentence shall be split as follows: Defendant is to serve eighteen (18) months on supervised probation. At the conclusion of said eighteen month probationary period, he shall be incarcerated for the remainder of his sentence unless he successfully petitions this Court for modification of the balance of his sentence.

(2) Defendant is to receive credit for any time incarcerated on this charge.

(3) Defendant is ordered to pay all Court ordered assessments.

(4) During his probationary period, Defendant is to complete ten (10) hours of community service per month.

(5) Defendant is not to consume any alcohol.

(6) During his probationary period, Defendant is to attend at least one Narcotics Anonymous Meeting and at least one Alcohol Anonymous Meeting once a week, each and every week.

(7) During his probationary period, Defendant is to successfully complete the New Life Christian Mission Program in Enterprise, Alabama.

(8) Defendant is to remain in jail until his acceptance in the New Life Christian Mission Program in Enterprise, Alabama.

(9) Defendant is to pay all Court ordered assessments.

(10) The Court reserves jurisdiction to consider, prior to the time Defendant is to enter the penitentiary, whether the need for such penitentiary punishment has been obviated, or this sentencing order is in need of further modification.

(11) The effect of this order is to grant Defendant a reverse split-sentence.

(12) All probationary time shall be governed by the additional terms and conditions set forth in a separate probation order issued simultaneously herewith.

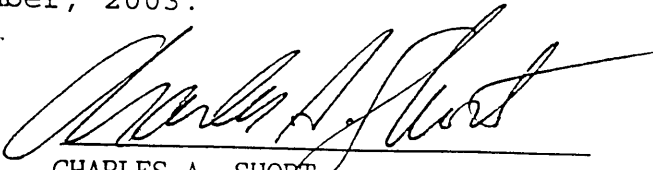
(13) Should the Defendant desire to have the Court modify the portion of his sentence requiring incarceration after the probationary period, it will be the responsibility of the Defendant to petition this Court for such modification prior to the time set forth above for such incarceration time to begin.

The Court's decision regarding any such sentence modification petition will be based upon the Defendant's conduct and adherence to the terms of his probation during the probationary period.

Done this 4th day of September, 2003.

FILED IN OFFICE

SEP 08 2003


CHARLES A. SHORT
CIRCUIT JUDGE

STATE OF ALABAMA,

PLAINTIFF,

VS.

AL EVERITT BOYETT, JR.,

DEFENDANT.

*

IN THE CIRCUIT COURT OF

*

COVINGTON COUNTY, ALABAMA

*

CASE NO. CC-2003-153

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SEP 03 2003

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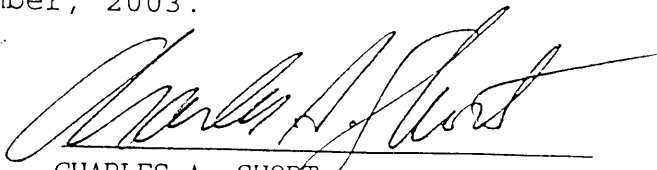
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FILED IN OFFICE

SEP 03 2003


CHARLES A. SHORT
CIRCUIT JUDGE

State of Alabama
Unified Judicial System

Form C-53A Rev 6/88

ORDER OF PROBATION

Case Number

CC-2003-153

IN THE CIRCUIT COURT OF COVINGTON COUNTY
State of Alabama v. AL EVERITT BOYETT JR.It appears to the Court the above named defendant has ☒ (plead guilty and) been convicted of
☐ has been adjudicated a Youthful Offender for
the offense of Unlawful Manufacture of a Controlled Substance II
and has been sentenced to ten (10) yearsThe defendant having applied for the benefits of probation and the Court having examined the cause, it is
ORDERED, ADJUDGED, AND DECREED that the said sentence is hereby suspended and that the said defendant is
placed on probation for a period of See reverse split-sentence order bearing even date.

It is the order of the Court that the probationer comply with the following conditions of probation:

1. Do not violate any Federal, State or local law.
2. Avoid injurious or vicious habits.
3. Avoid persons or places of disreputable or harmful character.
4. Report to the Probation Officer as directed.
5. Permit the Probation Officer to visit him at his home or elsewhere.
6. Work faithfully at suitable employment as far as possible.
7. Remain within a specified place, to-wit: State of Alabama
8. Support his dependents to the best of his ability.
9. Do not change residence or employment without the consent of the Probation Officer.
10. Submit to substance abuse tests when ordered to do so by Probation Officer. These tests shall include urinalysis, breathalyzer, and blood samples, but not limited thereto. Probationer will pay costs of tests.
11. Submit to search by the Probation Officer of his person, residence, vehicle, or any property under his control.
12. Pay to the Probation Officer \$30.00 per month during the probation period, pursuant to law.

Other conditions of probation Ordered by the Court are as follows:

Defendant is to pay all Court ordered assessments; complete 10 hours of community service
per month; not to consume any alcohol; attend Narcotics Anonymous Meeting and Alcohol
Anonymous Meeting once a week; successfully complete New Life Christian Mission Program;
Remain in jail until accepted in Mission Program; pay assessments.
The defendant shall pay the following:

Court Costs FILED IN OFFICE \$ _____
Fines \$ _____
Restitution \$ _____
Appointed Counsel Fees and Expenses SEP 08 2003 \$ _____ → (plus a \$1.00 Administration Fee with each periodic payment to the clerk)
Victim Compensation Assessment (See §15-23-17(b), Code 1975 - Felony conviction only) \$ _____
THE TOTAL AMOUNT THE DEFENDANT IS REQUIRED TO PAY A. F. Jones \$ _____

- ☐ The full amount shall be paid in FULL by (date) _____
☐ The full amount shall be paid in INSTALLMENTS commencing on (date) _____ in
the amount of \$ _____ per _____ until paid in full.

☐ Reference is hereby made to a separate income withholding order for Restitution.

Monies shall be paid to the CLERK

ADDRESS: _____

It is the further order of the Court and the defendant is hereby advised that the Court may at any time revoke or
modify any conditions of this probation or change the period of probation and may discharge defendant from
probation or extend the period of probation. The probationer shall be subject to arrest for violation of any condition
of the probation herein granted. The Court may, at any time, for cause, order the original sentence executed.Ordered this (Date) 9-4-03

Judge

A copy of this order has been delivered to the probationer, who has been instructed regarding same this

(Date) _____

Probation Officer

The above instructions and conditions have been read and explained to me and I have received a copy of this
order, and understand same and agree to abide by them.

(Date) _____

Probationer's Signature

State of Alabama
Unified Judicial System

Form C-53A Rev 6/88

ORDER OF PROBATION

Case Number

CC-2003-153

IN THE _____ CIRCUIT _____ COURT OF _____ COVINGTON _____ COUNTY
State of Alabama v. AL EVERITT BOYETT JR.It appears to the Court the above named defendant has ☒ (plead guilty and) been convicted of
☐ has been adjudicated a Youthful Offender for
the offense of Unlawful Manufacture of a Controlled Substance II
and has been sentenced to ten (10) yearsThe defendant having applied for the benefits of probation and the Court having examined the cause, it is
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4. Report to the Probation Officer as directed.
5. Permit the Probation Officer to visit him at his home or elsewhere.
6. Work faithfully at suitable employment as far as possible.
7. Remain within a specified place, to-wit: State of Alabama
8. Support his dependents to the best of his ability.
9. Do not change residence or employment without the consent of the Probation Officer.
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Remain in jail until accepted in Mission Program; pay assessments.
The defendant shall pay the following:

Court Costs FILED IN OFFICE \$ _____

Fines \$ _____

Restitution \$ _____

Appointed Counsel Fees and Expenses \$ _____

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(plus a \$1.00 Administration Fee with each periodic payment to the clerk)

- ☐ The full amount shall be paid in FULL by (date) _____
- ☐ The full amount shall be paid in INSTALLMENTS commencing on (date) _____ in
the amount of \$ _____ per _____ until paid in full.

- ☐
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Monies shall be paid to the CLERK _____

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probation or extend the period of probation. The probationer shall be subject to arrest for violation of any condition
of the probation herein granted. The Court may, at any time, for cause, order the original sentence executed.Ordered this (Date) 9-4-03Judge Charles L. Smith

A copy of this order has been delivered to the probationer, who has been instructed regarding same this

(Date) _____

Probation Officer

The above instructions and conditions have been read and explained to me and I have received a copy of this
order, and understand same and agree to abide by them.

(Date) _____

Probationer's Signature

Covington County

Sheriff
Anthony Clark



Sheriff's Department

290 Hillcrest Drive
Andalusia, Alabama 36420
Office (334) 428-2643
Fax (334) 428-2654

DATE & TIME:

9-19-03

Saturday

8 AM + 4 PM

THIS IS AUTHORIZATION FROM COVINGTON COUNTY SHERIFF'S OFFICE FOR Al. Boyette TO LEAVE THE COVINGTON COUNTY JAIL ON A 8 HOUR PASS ON 9-20-03. FAILURE TO REPORT BACK OR COMPLY WITH ALL RULES AND REGULATIONS WILL BE CONSIDERED AS A VIOLATION AND WILL BE PROSECUTED TO THE FULLEST EXTENT. THIS INCLUDES ALL LAWS COVERED IN THE CODE OF ALABAMA.

FAILURE TO RETURN WILL BE CONSIDERED AS ESCAPE

I UNDERSTAND THAT NO DRUGS OR ALCOHOL WILL BE USED WHILE ON PASS FROM THE JAIL. AND FAILURE TO RETURN TO THE JAIL AT THE PROPER TIME WILL BE CONSIDERED, AS ESCAPE AND I WILL BE CHARGED.

Vonnie McCar TAKE RESPONSIBILITY FOR THE ABOVE NAMED INMATE WHILE ON PASS FROM THE COVINGTON COUNTY JAIL. I FURTHER TAKE RESPONSIBILITY FOR THE INMATE BEING BACK AT THE JAIL AT THE ASSIGNED TIME.

Al Boyett
INMATE SIGNATURE

Vonnie McCar
RESPONSIBLE PERSON

PASS APPROVED BY

[Signature]

CURRENT PHONE NUMBER 222-5452

CAR MAKE Ford Tampo

CURRENT ADDRESS Rt 5 Box 258

TAG NUMBER F1W91

CURRENT DRIVER LICENSE NUMBER ~~322~~ 2291207

Covington County

Sheriff
Anthony Clark



Sheriff's Department

290 Hillcrest Drive
Andalusia, Alabama 36420
Office (334) 428 2643
Fax (334) 428-2654

DATE & TIME: 9-19-03

Saturday

8 AM + 4 PM

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Vonnie McCar TAKE RESPONSIBILITY FOR THE ABOVE NAMED INMATE WHILE ON PASS FROM THE COVINGTON COUNTY JAIL. I FURTHER TAKE RESPONSIBILITY FOR THE INMATE BEING BACK AT THE JAIL AT THE ASSIGNED TIME.

Al Boyette
INMATE SIGNATURE

Vonnie McCar
RESPONSIBLE PERSON

PASS APPROVED BY [Signature]

CURRENT PHONE NUMBER 222-5452

CAR MAKE Ford Tempo

CURRENT ADDRESS Rt 5 Box 258

TAG NUMBER FLW91

CURRENT DRIVER LICENSE NUMBER ~~322~~ 2291207

Christian Recovery Program
**317 North Main Street
Enterprise, Alabama 36330**



TO: Class 1-2004

SUBJECT: Letter of Commitment

September 25, 2003

You have a bed confirmed at the New Life Center, Christian Recovery Program. You are to report to: 317 North Main Street, Enterprise, Alabama on October 6, 2003 at 8:00 A.M. Please be prepared to pass a drug screen test and move into our residential facility on this date. If for some reason you can not be here at this scheduled time and date please advise me otherwise I will go to the waiting list to replace you.

The schedule for your class is as follows:

Fill Date	October 6, 2003
Proj. Graduation Date	January 30, 2004

If you bring money for any reason, we recommend you put it into a Client Transition Fund in your name, to prevent loss or theft.

Do not bring any entertainment systems, radios, CD, tape players, Walkman's, phones, beepers or musical instruments of any kind. If you desire to have a clock, it must not have a radio or other system as part of it.

Bring nothing of value, since the Christian Mission will not be responsible for loss or theft.

If you are on any prescription medication please advise the staff upon reporting in. Failure of a drug test will eliminate you from entering or staying at the New Life Center.

If you have any physical limitations, a medical practitioner must provide the limits of your handicap or disability.

Bring a week worth of clothing. We have washers & dryers available.

Church is required twice on Sunday whether you stay on site or leave for a pass.

Personal vehicles may be brought but keys will be surrendered until such time as passes are permitted.

You may wish to bring a phone card to make calls. You may wish to bring your own personal grooming items. Laundry detergent is available but some folks bring their own because of personal preference or special skin conditions. Linen pillows and towels are available. Clients may bring their own supplies if they desire. A stuffed animal for holding is permitted.

If you have any questions, please do not hesitate to contact us and clear up any issues which are not clear to you.

In Christ's Service,
Gene Warren
Rev. Gene Warren
Counselor

E-mail NLC36330@aol.com Phone: (334) 393-5641

I Shelia Greer picked up Al Boyett
at 5:45am on October 6, 2003 for Rehab
in Enterprise.

Al Boyett Jr. inmate
Brooke Miller witness

Oct. 6, 2003

Released Al Boyett medication- going to
Rehab.

Covington County Sheriff

INMATE PROPERTY LOGBooking Number
200006704

Printed: Sun Dec 26, 2004

AL EVERITT BOYETT (S416081511)Booking Date
DECEMBER 26th, 2004

Currency \$4.00	Change \$1.41	Checks	Food Stamps	Total Received \$5.41
---------------------------	-------------------------	--------	-------------	---------------------------------

Quantity	Property Received	Quantity	Property Received
1	POCKET KNIFE		
1	BLUE LIGHTER		
1	ZIPPO LIGHTER		
1	CAMOFLAUGE HAT		
1	BROWN PAIR OF SHOES		

Notes

I certify that the above is a correct listing of items removed from my possession at the time I was placed in jail.
 Inmate's Signature _____ Date: _____ Time: _____

I Hereby certify the receipt of the above arrested individual and his/her property.

Officers's Signature _____ Date: _____ Time: _____

ITEMS RELEASED PRIOR TO PRISONER RELEASE

Date	Quantity	Property Released	Officer / Notes

I certify that I have received all the above listed property (minus any property previously released) as indicated on this receipt.

Inmate's Signature _____ Date: _____ Time: _____

Officers's Signature _____ Date: _____ Time: _____

Covington County Sheriff Printed: Sun Dec 26, 2004	MEDICAL SCREENING FORM AL EVERITT BOYETT (S416081511)	Booking Number 200006704 Booking Date DECEMBER 26th, 2004
ADMISSION OBSERVATIONS		
Is inmate conscious? <input checked="" type="radio"/> Y <input type="radio"/> N	Is inmate capable of responding? <input checked="" type="radio"/> Y <input type="radio"/> N	Can inmate walk on own? <input checked="" type="radio"/> Y <input type="radio"/> N
Any difficulty breathing? <input type="radio"/> Y <input checked="" type="radio"/> N	Is inmate hostile/aggressive? <input type="radio"/> Y <input checked="" type="radio"/> N	Any visible signs of trauma, bleeding, wounds or illness? <input type="radio"/> Y <input checked="" type="radio"/> N
Did arrest result in injury? <input type="radio"/> Y <input checked="" type="radio"/> N	Any fever, swollen lymph nodes, or jaundice? <input type="radio"/> Y <input checked="" type="radio"/> N	Is skin in good condition and free of vermin? <input checked="" type="radio"/> Y <input type="radio"/> N
Is inmate under obvious influence of alcohol? <input checked="" type="radio"/> Y <input type="radio"/> N	Is inmate under obvious influence of drugs? <input type="radio"/> Y <input checked="" type="radio"/> N	Any visible signs of alcohol or drug withdrawal symptoms? <input type="radio"/> Y <input checked="" type="radio"/> N
Does inmate suggest risk of suicide? <input type="radio"/> Y <input checked="" type="radio"/> N	Do you consider inmate an escape risk? <input type="radio"/> Y <input checked="" type="radio"/> N	
Observations		
INMATE QUESTIONNAIRE		
HAVE YOU EVER HAD/HAVE ANY OF THE FOLLOWING ILLNESSES OR CONDITIONS?		
Hepatitis <input type="radio"/> Y <input checked="" type="radio"/> N	Heart Disease <input type="radio"/> Y <input checked="" type="radio"/> N	Mental/Emotional Upset <input type="radio"/> Y <input checked="" type="radio"/> N
Tuberculosis <input type="radio"/> Y <input checked="" type="radio"/> N	Hypertension <input type="radio"/> Y <input checked="" type="radio"/> N	Attempted Suicide <input type="radio"/> Y <input checked="" type="radio"/> N
Sexually Transmitted Disease <input type="radio"/> Y <input checked="" type="radio"/> N	Epilepsy/Convulsions <input type="radio"/> Y <input checked="" type="radio"/> N	Asthma/Emphysema <input type="radio"/> Y <input checked="" type="radio"/> N
Ulcers <input type="radio"/> Y <input checked="" type="radio"/> N	Hemophiliac (bleeder) <input type="radio"/> Y <input checked="" type="radio"/> N	Cancer <input type="radio"/> Y <input checked="" type="radio"/> N
Kidney Trouble <input type="radio"/> Y <input checked="" type="radio"/> N	Aids/Exposed to Aids <input type="radio"/> Y <input checked="" type="radio"/> N	Diabetes <input type="radio"/> Y <input checked="" type="radio"/> N
DT's <input type="radio"/> Y <input checked="" type="radio"/> N	Skin Problems <input type="radio"/> Y <input checked="" type="radio"/> N	Use Insulin <input type="radio"/> Y <input checked="" type="radio"/> N
Drug Addiction <input type="radio"/> Y <input checked="" type="radio"/> N	Alcoholism <input type="radio"/> Y <input checked="" type="radio"/> N	Mental Illness <input type="radio"/> Y <input checked="" type="radio"/> N
Recent Head Injury <input type="radio"/> Y <input checked="" type="radio"/> N	Coughed/Passed Blood <input type="radio"/> Y <input checked="" type="radio"/> N	Recent Hospital Patient <input type="radio"/> Y <input checked="" type="radio"/> N
Recent Treatment <input type="radio"/> Y <input checked="" type="radio"/> N	Use Needles <input type="radio"/> Y <input checked="" type="radio"/> N	False Limbs/Teeth <input type="radio"/> Y <input checked="" type="radio"/> N
Contagious Disease <input type="radio"/> Y <input checked="" type="radio"/> N	Pregnant/Recent Delivery <input type="radio"/> Y <input checked="" type="radio"/> N	
Doctors Name and Address		
NONE		
Health Insurance		
Special Diet		
Prescriptions/Medications		
Drug Allergies		
Descriptions		
I have read the above carefully and have answered all questions correctly to the best of my knowledge. Inmate's Signature _____ Date: _____ Time: _____ Officers's Signature CJ023 AINSWORTH, BRANDON Date: _____ Time: _____		

PRISONER'S JAIL REPORT

Number	
04	
Site	
R 26th, 2004	
Release Date	
Telephone	
(4) 881-0686	
Air	
BROWN	
Tag Year	
Telephone	
VICIC Check	
Y	

S. S. N. #

4	1	6
---	---	---

 -

0	8
---	---

 -

1	5	1	1
---	---	---	---

BOOKING OFFICER:

NAME: AL E. BOYETT

DATE: 12 / 26 / 04 TIME: 7:19 AM ☒ PM Mil.

ALIAS.

ADDRESS: 14960 HOG FOOT RD ANDALUSIA, MI. 36420

AGE: 39 RACE: W SEX: M EYES: BRO HAIR: BRO

HGT: 5'7 WGT: 150 D. O. B.: 01 / 15 / 65

PLACE OF BIRTH: PENSACOLA ESCAMBIA
(City) (County)

SCARS / MARKS:

ARRESTING OFFICER(S): MATT D. KENNEDY

AGENCY: A-5 T

OFFENSE: 3,000.00 D.U.I 3,000.00 POSS MARIJUANA 2ND 3,000.00 POSS DRUG PAR

STATUS: _____ NEXT OF KIN: _____

PHONE NUMBER: (334) 881-0686

SENTENCE BEGINS:

SENTENCE ENDS:

HOLDS:

BEHAVIOR:

HOW RELEASED:

DATE: / / TIME: _____ AM PM Mil.

RELEASING OFFICER:

REMARKS:

Covington County Sheriff

INMATE DATABooking Number
200006704

Printed: Sun Dec 26, 2004

AL EVERITT BOYETT (S416081511)Booking Date
DECEMBER 26th, 2004

Section HOLDING	Block	Cell	Bed	Social Security Number 416-08-1511	Alias	Est Release Date	
Address 14960 HOGFOOT RD. ANDALUSIA AL						Home Telephone (334) 881-0686	
Sex M	Date of Birth 1965-01-15	Age 39	Height 5' 07"	Weight 150	Race WHITE	Eyes BROWN	Hair BROWN
Drivers License AL			Class	Vehicle Tag			Tag Year
Next of Kin TONY BOYETT						NOK Telephone	
Charge(s) DUI,POM II,PODP CHARGES ARE \$3,000 EACH						Bond \$9,000	
Jailer CJ023 AINSWORTH, BRANDON			Photo Taken By		Fingerprinted By		
Admission Type ARREST					Phone Call Y	NCIC Check Y	
Arrest Case Number 211					DNA Sample By		
Agency Arrested For STATE					Arresting Officer		
Agency Hold For							
Release Date		Release Time		Release Officer			

Notes
SUBJECT SEEMED TO BE VERY INTOXICATED AT THE TIME OF INTAKE

X AL Boyette

Boyette AL Everett
416-08-1511

1 15 65 M W 5'06" 150 Bro Bro



Covington County Sheriff

INMATE PROPERTY LOG

Printed: Tue May 03, 2005

AL EVERITT BOYETT (S416081511)

Booking Number
200007743

Booking Date
MAY 3rd, 2005

Currency	Change	Checks	Food Stamps	Total Received
\$26.00	\$1.87			\$27.87

[illegible]

Notes PROPERTY IN EVIDENCE BAG WITH NAME

I certify that the above is a correct listing of items removed from my possession at the time I was placed in jail.
Inmate's Signature X Refused Date: _____ Time: _____

I Hereby certify the receipt of the above arrested individual and his/her property.
 Officers's Signature CJ006 - Pitt Blue Date: 5-3-05 Time: 22/5

ITEMS RELEASED PRIOR TO PRISONER RELEASE

[illegible]

I certify that I have received all the above listed property (minus any property previously released) as indicated on this receipt.

Inmate's Signature _____ Date: _____ Time: _____

Officers's Signature _____ Date: _____ Time: _____

PRISONER'S JAIL REPORT

S. S. N. # 416 - 08 - 1511BOOKING OFFICER: B. BlueNAME: Al BaxteDATE: 05 / 03 / 05 TIME: 21:50 AM PM Mil.

ALIAS: _____

ADDRESS: 11220 Starlink Ln Andalusia, AL 36420AGE: _____ RACE: w SEX: m EYES: Br. HAIR: Br.HGT: 5'6 WGT: 150 D. O. B.: 01 / 15 / 65PLACE OF BIRTH: Pensacola Escambia FL
(City) (County) (State)

SCARS / MARKS: _____

ARRESTING OFFICER(S): K. Smith 2318AGENCY: PCSOOFFENSE: Domestic Violence 1st / AssaultSTATUS: _____ NEXT OF KIN: Veneil McCallPHONE NUMBER: (334) 851-0686 222-5452

SENTENCE BEGINS: _____

SENTENCE ENDS: _____

HOLDS: _____

BEHAVIOR: _____

HOW RELEASED: _____

DATE: 00 / 00 / 00 TIME: _____ AM PM Mil.

RELEASING OFFICER: _____

REMARKS: - 3000 Binal -Manditory 12 hrs

Covington County Sheriff		INMATE SUMMARY				Booking Number 200007743	
Printed: Tue May 03,2005		AL EVERITT BOYETT (S416081511)				Booking Date MAY 3rd, 2005	
Section HOLDING	Block	Cell	Bed	Social Security Number 416-08-1511	Alias		Est Release Date
Address 14960 HOGFOOT RD. ANDALUSIA AL 36420							Home Telephone (334) 881-0686
Sex M	Date of Birth 1965-01-15	Age 40	Height 5' 07"	Weight 150	Race WHITE	Eyes BROWN	Hair BROWN
Drivers License AL 4805568			Class	Vehicle Tag			Tag Year
Next of Kin VONCILE MCCART ANDALUSIA AL 36420							NOK Telephone () 222-5452
Charge(s) DOM VIOL III / ASSAULT				Bond 3,000	Arresting Officer 02318 SMITH, KEVIN		
Jailor CJ006 BLUE, BILL			Release Date	Time	Releasing Officer		
MEDICAL							
ADVISORY	Medication		Dosage	Doses/Day	Date Ends	Times	
DISPENSED	Date Dispensed	Time	Medication	Dosage	Date Dispensed	Time	Dosage
TREATMENT	Date Treated	Time	Reason		Date Treated	Time	Reason
NOTES	Doctor				Medications		
	Special Diet				Drug Allergies		
	Other						
PROPERTY							
RECEIVED							
RETURNED							
MEALS							
Meal Date	Time	Description	Meal Date	Time	Description	Meal Date	Time
COURT DATES							
Court Date	Time	Court Date	Time	Court Date	Time	Court Date	Time
INCIDENTS							
Incident Date	Time	Subject			Incident Date	Time	Subject
VISITORS							
Date Scheduled	Time	In	Out	Visitor Name	Date Scheduled	Time	Visitor Name
TELEPHONE CALLS							
Phone Date	Time	Number	Completed	Phone Date	Time	Number	Completed

5 3 05 AL0230000
SO
ANDALUSIA, AL

FL (Escambia) USA
Both Arms & Back
11220 Starlight Lane Andalusia AL

10005

Dom. Violence III / ASSAULT

PRISONER'S JAIL REPORT

SSN# 416 081511

BOOKING OFFICER _____

NAME: AL Boyett JrDATE 05/06/03 TIME 1030

ALIAS _____

ADDRESS Route 1 Box 227A Reel Level ALAGE 38 RACE W SEX M EYES BRO HAIR Gray/BrownHGT 507 WGT 150 DOB: 01/5/65PLACE OF BIRTH Leesville FLSCARS/MARKS TATOU SKULL NEARARRESTING OFFICERS: MotleyAGENCY: CLSU

OFFENSE: _____

STATUS: _____ NEXT OF KIN: Terry Boyette BoyettPHONE NUMBER Unknown

SENTENCE BEGINS: _____

ENDS: _____

HOLDS: _____

BEHAVIOR _____

HOW RELEASED _____

DATE: _____ TIME: _____

RELEASING OFFICER: _____

REMARKS _____

IN THE DISTRICT COURT OF COVINGTON COUNTY, ALABAMA

STATE OF ALABAMA,

PLAINTIFF,

VS.

Al Barnett,

DEFENDANT.

*

*

*

*

*

*

Case No.: DC 05-1067

ORDER SETTING CASE FOR TRIAL

This case is set for trial on the 15 day of August, 2005, at 10:30 o'clock a.m./p.m.
The Defendant is ordered to appear in the District Courtroom on that date and time for trial on the charge(s) brought against the Defendant.

It is further ORDERED that subpoenas issue for all witnesses listed, ordering them to appear in court at said time.

DONE and ORDERED this 7 day of June, 2005.

Frank L. McGuire, III
District Judge

FILED IN OFFICE

JUN 7 2005

Roger A. Powell
CLERK

I acknowledge receipt of a copy of this order.

Attorney Chas Sledge
222-9115

Al Barnett
(Defendant)

Covington County Sheriff			INMATE DATA AL EVERITT BOYETT (S416081511)				Booking Number 200008027	
Printed: Tue Jun 07, 2005							Booking Date JUNE 7th, 2005	
Section B-BLOCK	Block	Cell	Bed	Social Security Number 416-08-1511	Alias		Est Release Date	
Address 14960 HOGFOOT RD. ANDALUSIA AL 36420							Home Telephone (334) 881-0686	
Sex M	Date of Birth 1965-01-15	Age 40	Height 5' 07"	Weight 150	Race WHITE	Eyes BROWN	Hair BROWN	
Drivers License AL 4805568				Class	Vehicle Tag			Tag Year
Next of Kin VONCILE MCCART							NOK Telephone (334) 222-5452	
Charge(s) VOP							Bond NO BOND	
Jailer CJ012 PORTREY, CLIFF			Photo Taken By CJ023 PHILLIPS, CHAISE		Fingerprinted By CJ023 PHILLIPS, CHAISE			
Admission Type ARREST						Phone Call N	NCIC Check N	
Arrest Case Number 128 RED					DNA Sample By			
Agency Arrested For COV. COUNTY					Arresting Officer 02302 INABINETT, WALT			
Agency Hold For								
Release Date		Release Time		Release Officer				
Notes INMATE BROUGHT IN BY W.INABINETT FROM COURT								

Covington County Sheriff Printed: Tue Jun 07, 2005	MEDICAL SCREENING FORM AL EVERITT BOYETT (S416081511)	Booking Number 200008027 <hr/> Booking Date JUNE 7th, 2005
ADMISSION OBSERVATIONS		
Is inmate conscious? <input checked="" type="radio"/> Y <input type="radio"/> N	Is inmate capable of responding? <input checked="" type="radio"/> Y <input type="radio"/> N	Can inmate walk on own? <input checked="" type="radio"/> Y <input type="radio"/> N
Any difficulty breathing? <input type="radio"/> Y <input checked="" type="radio"/> N	Is inmate hostile/aggressive? <input type="radio"/> Y <input checked="" type="radio"/> N	Any visible signs of trauma, bleeding, wounds or illness? <input type="radio"/> Y <input checked="" type="radio"/> N
Did arrest result in injury? <input type="radio"/> Y <input checked="" type="radio"/> N	Any fever, swollen lymph nodes, or jaundice? <input type="radio"/> Y <input checked="" type="radio"/> N	Is skin in good condition and free of vermin? <input type="radio"/> Y <input checked="" type="radio"/> N
Is inmate under obvious influence of alcohol? <input type="radio"/> Y <input checked="" type="radio"/> N	Is inmate under obvious influence of drugs? <input type="radio"/> Y <input checked="" type="radio"/> N	Any visible signs of alcohol or drug withdrawal symptoms? <input type="radio"/> Y <input checked="" type="radio"/> N
Does inmate suggest risk of suicide? <input type="radio"/> Y <input checked="" type="radio"/> N	Do you consider inmate an escape risk? <input type="radio"/> Y <input checked="" type="radio"/> N	
Observations INMATE APPEARS FINE AT TIME OF INTAKE		
INMATE QUESTIONNAIRE		
HAVE YOU EVER HAD/HAVE ANY OF THE FOLLOWING ILLNESSES OR CONDITIONS?		
Hepatitis <input checked="" type="radio"/> Y <input type="radio"/> N	Heart Disease <input type="radio"/> Y <input checked="" type="radio"/> N	Mental/Emotional Upset <input type="radio"/> Y <input checked="" type="radio"/> N
Tuberculosis <input type="radio"/> Y <input checked="" type="radio"/> N	Hypertension <input type="radio"/> Y <input checked="" type="radio"/> N	Attempted Suicide <input type="radio"/> Y <input checked="" type="radio"/> N
Sexually Transmitted Disease <input type="radio"/> Y <input checked="" type="radio"/> N	Epilepsy/Convulsions <input type="radio"/> Y <input checked="" type="radio"/> N	Asthma/Emphysema <input type="radio"/> Y <input checked="" type="radio"/> N
Ulcers <input type="radio"/> Y <input checked="" type="radio"/> N	Hemophiliac (bleeder) <input type="radio"/> Y <input checked="" type="radio"/> N	Cancer <input type="radio"/> Y <input checked="" type="radio"/> N
Kidney Trouble <input type="radio"/> Y <input checked="" type="radio"/> N	Aids/Exposed to Aids <input type="radio"/> Y <input checked="" type="radio"/> N	Diabetes <input type="radio"/> Y <input checked="" type="radio"/> N
DT's <input type="radio"/> Y <input checked="" type="radio"/> N	Skin Problems <input type="radio"/> Y <input checked="" type="radio"/> N	Use Insulin <input type="radio"/> Y <input checked="" type="radio"/> N
Drug Addiction <input type="radio"/> Y <input checked="" type="radio"/> N	Alcoholism <input type="radio"/> Y <input checked="" type="radio"/> N	Mental Illness <input type="radio"/> Y <input checked="" type="radio"/> N
Recent Head Injury <input type="radio"/> Y <input checked="" type="radio"/> N	Coughed/Passed Blood <input type="radio"/> Y <input checked="" type="radio"/> N	Recent Hospital Patient <input type="radio"/> Y <input checked="" type="radio"/> N
Recent Treatment <input type="radio"/> Y <input checked="" type="radio"/> N	Use Needles <input type="radio"/> Y <input checked="" type="radio"/> N	False Limbs/Teeth <input type="radio"/> Y <input checked="" type="radio"/> N
Contagious Disease <input type="radio"/> Y <input checked="" type="radio"/> N	Pregnant/Recent Delivery <input type="radio"/> Y <input checked="" type="radio"/> N	
Doctors Name and Address NONE		
Health Insurance NONE		
Special Diet NONE		
Prescriptions/Medications NONE		
Drug Allergies NONE AWARE OF		
Descriptions INMATE APPEARS FINE AT TIME OF INTAKE		
I have read the above carefully and have answered all questions correctly to the best of my knowledge.		
Inmate's Signature _____		Date: _____ Time: _____
Officers's Signature _____		Date: _____ Time: _____
CJ012 PORTREY, CLIFF		

IN THE CIRCUIT COURT OF COVINGTON COUNTY, ALABAMA

STATE OF ALABAMA, *

PLAINTIFF, *

VS. *

CASE NO. CE-2003-153.70

Al Everett Boyett, Jr. *

DEFENDANT. *

FILED IN OFFICE

JUL 5 2005 *P*

Ronald A. Powell
CLERK

ORDER

The defendant was brought before the Court for an initial appearance after arrest pursuant to Rule 27.5 of the Alabama Rules of Criminal Procedure. The Court proceeded in the manner required by that rule, and also set bond for the defendant. Such bond is hereby fixed in the amount of \$ 10,000.⁰⁰.

In the event the defendant should be able to make this bond, the following conditions shall apply:

1. The defendant must appear to answer and must submit to the orders and process of the Court having jurisdiction of this case, as directed.
2. The defendant must refrain from committing any criminal offense.
3. The defendant may not depart from the State of Alabama without leave of the Court having jurisdiction of this case.
4. The defendant must promptly notify the Court of any change of the defendant's address.

5.

It is further ORDERED and ADJUDGED by the Court that a revocation hearing is scheduled by the Court upon the merits of the petition, and that the hearing on the merits is hereby set for the 14th day of July, 2005, at 9:00 a.m.

It is further ORDERED and ADJUDGED by the Court that Honorable Larry Brissett, a practicing attorney in Covington County, Alabama, is hereby appointed to represent the defendant at the revocation hearing.

The Clerk shall furnish a copy of this order to the defendant, to defendant's attorney, to the District Attorney, to the Probation Officer, and to the Sheriff.

Done and Ordered this 6th day of July, 2005.

Charles H. Short
CIRCUIT JUDGE

FILED IN OFFICE

JUL 8 2005

Roy A. Brissett

COVINGTON COUNTY JAIL
INMATE REQUEST/GRIEVANCE FORM

NAME Al Rappert BLOCK: C DATE 8-22-05

☒ TELEPHONE CALL ☐ CUSTODY CHANGE ☐ PERSONAL PROBLEM
☐ SPECIAL ST ☐ TIME SHEET ☐ OTHER ☐ GRIEVANCE

BRIEFLY OUTLINE YOUR REQUEST/ GRIEVANCE. THEN PRESENT TO C/O

IF REQUEST PLEASE CHECK TO WHOM IT IS DIRECTED TO

SHERIFF ☒ CHIEF JAILER ☐ JAILER ☐ RECORDS OFFICE ☐ CHAPLAIN

IF GRIEVANCE STATE PARTIES INVOLVED AND NAMES OF WITNESSES IF APPLICABLE.

There's A Block on the place And I need to
speak speak with her about medical problem
today place.

DO NOT WRITE BELOW THIS LINE - FOR REPLY ONLY:

APPROVED ☒ DENIED ☐ PAY PHONE ☐ COLLECT ☐ OTHER

Who say you need to speak with and
we can tell for you.

[Signature]

COVINGTON COUNTY JAIL
INMATE REQUEST/GRIEVANCE FORM

NAME W. Bryant BLOCK 2 DATE 9-26-05

TELEPHONE CALL ☐ CUSTODY CHANGE ☐ PERSONAL PROBLEM ☐
SPECIAL LIST ☐ TIME SHEET ☐ OTHER ☐ GRIEVANCE ☐

BRIEFLY OUTLINE YOUR REQUEST/ GRIEVANCE. THEN PRESENT TO C/O

REQUEST PLEASE CHECK TO WHOM IT IS DIRECTED TO:

SHERIFF ☐ CHIEF JAILER ☐ JAILER ☐ RECORDS OFFICE ☐ CHAPLAIN ☐

GRIEVANCE STATE PARTIES INVOLVED AND NAMES OF WITNESSES IF APPLICABLE.

None would please let me try had
contact miss that Del to check on
grand mother about her operation. I have tried
but there's been no answer so far.

thank you

DO NOT WRITE BELOW THIS LINE - FOR REPLY ONLY:

APPROVED ☐ DENIED ☐ PAY PHONE ☐ COLLECT ☐ OTHER ☐

Continue to call or give me the number & I
will try to call for you

[Signature]

COVINGTON COUNTY JAIL

INMATE REQUEST/GRIEVANCE FORM

NAME Ben Ray BLOCK 1 DATE 8-29-05

TELEPHONE CALL CUSTODY CHANGE () PERSONAL PROBLEM:

() SPECIAL VISIT () TIME SHEET () OTHER () GRIEVANCE

BRIEFLY OUTLINE YOUR REQUEST/GRIEVANCE THEN PRESENT TO C/O

REQUEST PLEASE CHECK TO WHOM IT IS DIRECTED TO

SHERIFF () CHIEF JAILER () JAILER () RECORDS OFFICE () CHAPLAIN

GRIEVANCE STATE PARTIES INVOLVED AND NAMES OF WITNESSES IF APPLICABLE

WELL I have a nine month sentence and would
like to be put on work release so I could use
the money to help pay my fines, or even the
cell phone. But payed work release would be better

Thank you

DO NOT WRITE BELOW THIS LINE -- FOR REPLY ONLY:

APPROVED (X) DENIED () PAY PHONE () COLLECT () OTHER

No due to your charges

[Signature]

COVINGTON COUNTY JAIL
INMATE REQUEST/GRIEVANCE FORM

NAME Al B. RottBLOCK: CDATE 5-31-05

TELEPHONE CALL

CUSTODY CHANGE

() PERSONAL PROBLEM

SPECIAL UNIT

TIME SHEET

() OTHER

() GRIEVANCE

BRIEFLY OUTLINE YOUR REQUEST/ GRIEVANCE. THEN PRESENT TO C/O

REQUEST PLEASE CHECK TO WHOM IT IS DIRECTED TO:

SHERIFF

CHIEF JAILER

() JAILER

() RECORDS OFFICE

() CHAPLAIN

GRIEVANCE STATE PARTIES INVOLVED AND NAMES OF WITNESSES IF APPLICABLE.

Nurse Mitchell refuses to see me because
I have a sore bump on my butt this is
the second time she has refused to treat
me the first was with Dr McWintter I
can't understand how they can refuse to treat
me when it's there job

Thank you

DO NOT WRITE BELOW THIS LINE - FOR REPLY ONLY:

APPROVED

() DENIED

() PAY PHONE

() COLLECT

() OTHER

I will speak to her about this situation[Signature]

Anthony Clark sir. 2-30-05

I Al Bayett Am writting you this Letter in concern of George Mitchell

I Ask her to Look at some sores breaking out on my hip And she said that she would not Look at my rear.

I thought that was there job to see what the problem was so that they could solve it if possible this is the second time I have had problem's with her and Dr Newhouser first with the (Hippituss C now this) I need medical attention And if they can't do it we need to find someone who can or maybe I could go up the road so I can I will be taken care of.

Thank you
Al Bayett

This is being taken care of & looked into as of now

ALABAMA DEPARTMENT OF CORRECTIONS
INMATE SUMMARY AS OF 09/19/2005INST: 220
CODE: CIADM

C8R716-3

AIS: 00242728 INMATE: BOYETT, AL EVERITT JR RACE: W SEX: M

INST: 220 - COVINGTON DORM: 00 JAIL CR: 000Y 00M 150

DOB: 01/15/1965 SSN: 416-08-1511

ADM DT: 09/08/2005 DEAD TIME: 000Y 00M 00D

ADM TYP: NEW COMMITMENT - SPLIT SENTENC STAT: NEW COMMITMENT - SPLIT SENTENC

CURRENT CUST: 074-5 CURRENT CUST DT: 09/08/2005 PAROLE REVIEW DATE: - NONE -

SECURITY LEVEL: NO CLASSIFICATION RECORD FOUND

SERVING UNDER ACT446 LAW IN CLASS IV CURRENT CLASS DATE: 09/08/2005
INMATE IS EARNING : STRAIGHT TIME

COUNTY	SENT DT	CASE NO	CRIME	JL-CR	TERM
COVINGTON	09/03/05	N05227.01	POSS MARIJUANA I	00150	000Y 09M 00D CS
9 YRS & 3 MOS PROBATION					
ATTORNEY FEES :		\$000250	HABITUAL OFFENDER :		Y
COURT COSTS :		\$0000288	FINES :		\$0000450
			RESTITUTION :		\$0001260

TOTAL TERM	MIN REL DT	GOOD TIME BAL	GOOD TIME REV	LONG DATE
000Y 00M 00D	05/22/2006	000Y 00M 00D	000Y 00M 00D	05/22/2006

INMATE LITERAL: CCW/COV CO CC03-153 NOT REC'D

DETAILED WARRANTS SUMMARY

>DET ART 09/03/2005 TYPE NOTIFICATION ONLY	COVINGTON CO SO
LITERAL: 9 MOS CC	SEQ #: 01 CASE #: CC05-227.2
OFFENSE: 911M - DRIVING UNDER INFLUENCE	

ESCAPEE-PAROLE SUMMARY

INMATE CURRENTLY HAS NO PAROLE RECORDS

INMATE CURRENTLY HAS NO PROBATION 754 RECORDS

INMATE HAS NO ESCAPES FROM ADCC SINCE OBSCIS RECORDING 3

DISCIPLINARY/CITATION SUMMARY

INMATE CURRENTLY HAS NO DISCIPLINARY/CITATION RECORDS

COVINGTON COUNTY JAIL INMATE REQUEST/GRIEVANCE FORM

NAME Al Boyett BLOCK C1360 DATE 10-18-05

TELEPHONE CALL CUSTODY CHANGE , PERSONAL PROBLEM

SPECIAL ST TIME SHEET () OTHER () GRIEVANCE

IF EMPLOYED, TIME YOUR REQUEST/GRIEVANCE THEN PRESENT TO CIO

REQUEST PLEASE CHECK TO WHOM IT IS DIRECTED TO
SHERIFF CHIEF JAILER () JAILER () RECORDS OFFICE CHAPLAIN

GRIEVANCE STATE PARTIES INVOLVED AND NAMES OF WITNESSES IF APPLICABLE.

I need a statement of my Aunt
Since August 15, 2005. I need this in weekly
business hours

Thank you

IF YOU CHECK THIS LINE - FOR REPLY ONLY:

APPROVED () DENIED () PAY PHONE COLLECT () OTHER

These are the funds sent in order to
requestal from 8-15-2005 to 10-14-2005

Linda Brown

NAME Al BovettBLOCK C1366K DATE 10-24-05

TELEPHONE CALL

CUSTODY CHANGE

PERSONAL PROBLEM

SPECIAL

TIME SHEET

(V) OTHER

() GRIEVANCE

IF YOU ARE FILING A GRIEVANCE THEN PRESENT TO CIO

IF REQUEST PLEASE CHECK TO WHOM IT IS DIRECTED TO

SHERIFF () CHIEF JAILER () JAILER () RECORDS OFFICE () CHAPLAIN

IF GRIEVANCE STATE PARTIES INVOLVED AND NAMES OF WITNESSES IF APPLICABLE.

Mrs. LindaCould I please have a print out of my time
served on my case no CC-03-153 which began
in 9-22-02 till 10-22-02in 4-2-03 out 4-17-03in 5-7-03 out 10-6-03in 6-7-05 out 7-6-05And 10-05-2008-15-05 till 10-24-05This will let me be able to get a Notary stamp
so the courts can see my 9 months are servedSincerely

IF YOU ARE FILING A GRIEVANCE THEN PRESENT TO CIO

APPROVED

DENIED

() PAY PHONE

COLLECT

OTHER

Mr. Boyett, I'm showing you Mr. Release
date is 5/28/06. If you think otherwise
have your family call 1-828-2520 - Circuit Clerk's
Office
J. Gerson 10-22-06